



Request Form for Special Needs

Registration Form ID#

Name _____

Email Address _____

Gender: Male Female Other _____

Date of Payment Received _____

Type of Payment _____ Confirmed _____

Low Vision Request:

- Printed Materials - Large Print (18 Pts).
- Braille-
 - Grade 1 Grade 2 Unified English
- Close-Up/Front Seating at Ceremonies, meetings, & others

Others? _____

DeafBlind:

Tactile Interpreters:

- ASL PSE PTASL

If Tactile or PTASL:

- Left Hand Right Hand Both Hands

Support Service Provider - Will you have SSP with you?

Yes Name of SSP _____

Close-Up/Front Seating at Ceremonies, meetings, & others YES

Others? _____

Mobility:

Week rental needs:

Wheelchair

Walker

Scooter

Others? _____

Other condition or disability request not listed on form:

Please note that the Accessibility Chair TBA and the committees will attempt to honor every request within reasonable expectations. Any request received after June 30, 2021, will not be honored.

Please submit your Special Needs request form as soon as possible

And before June 30,2021

Please mail the form to:

PADSC / DSA 2021 Pittsburgh

PO Box 314

Ebensburg, PA 15931

Thank you!



**16th Biennial Deaf Seniors of America
Conference Pittsburgh, PA**

BRIDGING DEAF SENIORS TOGETHER



Special Needs Request Form

August 28 - September 2, 2021